

**FREQUENTLY ASKED QUESTIONS
ARIZONA HOSPITAL DISCHARGE DATA REPORTING REQUIREMENTS
Version 1.2 – December, 2004**

NOTE: New information and any section with changes effective
with version 1.2 are in **red**.

Q.1 - There have been several versions of the Arizona Hospital Discharge Data Specifications posted over the last year on your website at www.azdhs.gov/plan/crr/index.htm. Could you please explain?

A.1 - There was a December 2003 Data Specifications posted on the website in December 2003. Data Specification Field Names and Field Lengths did NOT change, but there were changes to the date formats and changes to many of the Code and Edit Requirements.

The specifications were updated to the January 2004 Data Specifications when we revised the Procedure Codes (Positions 772-809) Edit Requirements to address the use of CPT codes. This is the only difference between the December 2003 and January 2004 Data Specifications. The January 2004 Data Specifications were in effect for the second half of 2003 (2003-02) reporting period, which included all inpatients and emergency department patients discharged from July 1, 2003 through December 31, 2003. The submission deadline for this period was February 15, 2004.

The May 2004 Data Specifications were in effect for the first half of 2004 (2004-01), the period of January 1, 2004 through June 30, 2004. The submission deadline for this period was August 15, 2004.

The December 2004 Data Specifications, containing only minor changes, are in effect for the second half of 2004 (2004-02), the period of July 1, 2004 through December 31, 2004. This data may be submitted any time after December 31, 2004, but no later than February 15, 2005.

Q.2 – Will the data specifications change every reporting period? It is difficult to continually be changing our reporting programming.

A.2. – It is our intention to keep changes to the minimum necessary to ensure accurate reporting.

Q.3 - When a Field does not have any data to be entered, for example, when there is no Operating or Other Physician Name (Positions 675 – 696), should we zero-fill the Field, fill with other characters, or fill with Blanks?

A.3 - When there is no Data to enter into a Field, unless the Edit Requirements require zero-fill or some other characters, leave that Field Blank.

Q.4 - Since the Hospital Discharge Data File Layout is exactly the same for Inpatient (IP), Outpatient (OP) and Emergency Department (ED), will there be an error if we populate fields that say "Leave blank for OP and ED"? Obviously it's a lot more work to suppress the value than it is to pass it.

A.4 - Arizona regulations require that only the data for OP and ED patients indicated on the Hospital Discharge Data File Layout be submitted for those patients. All other Data Fields, identified as "Leave Blank for File Type ED", are not required for those patients. Only the data indicated in the data specifications should be submitted for OP and ED patients. Remember that Data for IP, OP and ED patients must be submitted in separate files.

Q.5 - We are not familiar with your correction process. Do the hospitals always need to send replacement files to correct errors?

A.5 – When a hospital's file is audited, a feedback letter is sent to the hospital. The hospital must correct the errors and send us replacement files according to the instructions contained in the feedback letter. Arizona regulations require that data submitted to the state be accurate and provides for further examination of records at the facility's expense if the reports submitted are found to be deficient or incorrect.

Q.6 – Please explain the changes to Position 1 – 10 in the file layout **that went into effect with the 2004-01 reporting period** - the Federal Tax ID is now the Arizona State Issued ID number?

A.6 - **For the field** Facility Identification Number (Positions 1-10), the new AZ FAC_ID **replaced** the Federal Tax ID for the **2004-01** submission due August 15, 2004. The Arizona State Issued Facility ID Numbers (AZ FAC_ID) are available on our website at (www.azdhs.gov.us/plan/crr/index.htm).

Each licensed hospital has a distinct AZ FAC_ID; there are no separate numbers for "services", "units" or "programs" that are part of each hospital. One Arizona Hospital License Number = One AZ FAC_ID Number. All AZ FAC_ID Numbers are seven (7) characters long and begin with the alpha characters MED (uppercase) followed by four (4) numbers, no spaces, dashes or other characters. For example: MED1234.

Q.7 - DRG Code (Positions 148 - 150) Inpatient (IP) Rehabilitation hospitals do not calculate a DRG. We are paid based on CMG, which is the PPS code used for IP Rehab Facilities while DRG is the PPS code for Acute hospitals. Can we leave this field blank? The CMG code is 5 characters and will not fit into this field.

A.7 - If you do not calculate the DRG for Inpatient Rehab, then leave this field blank. Please communicate this fact to us in a document accompanying your data submission.

Q.8 - External Cause of Injury (Positions 760-771). In our system, E-codes are entered as one of many possible diagnoses. Each diagnosis is assigned a priority. We program to look for the highest and second highest priority e-code; they will get reported in the two 'External Cause of Injury' data fields. Should the E-codes that get reported in the 'External Cause of Injury' data fields also get reported in the Diagnosis Code fields? Or should they be excluded from the Diagnosis Code fields?

A.8 - E-codes should only be reported in the E-code fields and not in the Diagnosis Code fields. However, the External Cause of Injury and Place of Injury Fields are NOT in a "priority order." The External Cause of Injury Field (Positions 760 –765) describes the mechanism or cause of the injury, and the Place of Injury Field (Positions 766 – 771) describes the place where the injury occurred.

Q. 9 - I understand that E-codes are not to be placed within the nine Diagnosis Code fields, but only in the External Cause of Injury fields. However, if there is an E-code in one of the Diagnosis code fields, and it is removed and placed in the correct field, should the remaining codes be "bumped up" or should the position where the E-code existed be left blank?

For example, if a patient had an E code in the third position, yet had seven codes in total, should Diagnosis Codes 1, 2 and 4-7 have values while Diagnosis code 3 is left blank? Or should Diagnosis code 4 now be reported as 3, Diagnosis code 5 now reported as 4, etc.?

A. 9 - There should never be holes in the Diagnosis codes fields. If you remove an E-code from a Diagnosis code field to place it in the correct field, the resulting hole(s) in the Diagnosis code fields should be closed up.

Q.10 - Reporting Procedure Codes (Positions 772-809). For Emergency Department (ED) and Outpatient (OP) files types, are we required to report ICD-9 codes or CPT4 codes?

A.10 - For File Types OP and ED, report the ICD-9 code, if it is available. IF the ICD-9-CM code is not available, then report the CPT4 Code or HCPCS Code.

Q.11 – We have recently upgraded the information management system in our hospital. Is there a way we can submit a "test" data file to the state for review before submitting the hospital's official discharge data report?

A.11 - Yes, for data reporting periods of July through December (due no later than February 15th), we will accept test files January 1st through January 31st. For data reporting periods of January through June (due no later than August 15th), we will accept test files July 1st through July 31st.

All test files submitted will be run through our automated auditing process, and you will receive a detailed listing of any errors identified. However, please be aware that a satisfactory result on a test submission is not a guarantee your official submission will be accepted. There are detailed analyses performed manually on each official submission that time restraints and limited resources prevent us from conducting on test data.

Please note that we do not accept test files for corrected data sets being resubmitted.

If you would like to submit Test Data for feedback before submitting your official discharge data report, send the file clearly labeled as a "Test Submission." Include information with the file containing: Hospital name, Arizona State Issued Facility ID number, and Reporting Period. The Arizona State Issued Facility ID numbers are available on our website (www.azdhs.gov/plan/crr/index.htm). A Test Submission will not count as the hospital's Discharge Data Submission.

Q.12- We have implemented some internal auditing processes to check our data prior to submitting it to the State. When we identify records with significant errors, is it acceptable to omit these records from the data set submitted to the State?

A.12 - No. The data report you submit must include all patient discharges for the file type and time period being reported.

Q.13 – We have a large number of instances where the patient came into the Emergency Department, but then left without being seen. Do we have to include these records in our report?

A.13 – It depends upon the level of interaction between the patient and the hospital. Did the hospital provide services or expend resources for this patient? If the answer is yes (for example, the patient was triaged), then the record would be reported. However, if the patient came into the ED, and then left without being triaged or provided any service, this patient cannot be considered a "discharge" and would not be included in the report to the State.

Q.14 – I notice there were new data elements on the August 15, 2004 Data Specifications for the three fields located in Positions 845 – 859. Please explain these fields?

A.14 – For the Data Submission due by August 15, 2004, there were three existing data elements with new names. These data elements were previously named Place of

Service 1, 2 and 3. They have been renamed Additional External Cause of Injury 1 (positions 845-849), Additional External Cause of Injury 2 (positions 850-854) and Additional External Cause of Injury 3 (positions 855-859). Use of these data fields is optional. In speaking with many Arizona hospitals, we learned that there are valid E-codes we are failing to capture because there is no location for them within the constraints of our current data collection record. Therefore, we have designated these three fields for the capturing of E-codes not directly related to the principal diagnosis. For those instances where there is one or more E-codes in the patient record that were not placed in the External Cause of Injury field (positions 760-765), then they MAY be entered in these fields.

Q.15 – I see there are two forms now required as a part of the reporting process. Who is supposed to complete these forms, and how do I send them in?

A.15 – There are two forms, the Contact Information Form, and the Attestation of Completeness and Accuracy Form. Both forms are available in .doc and .pdf formats on our website at: <http://www.azdhs.gov/plan/crr/index.htm>.

The individual who works directly with the data reporting to our office should complete the Contact Information Form. This form may be submitted by fax, e-mail or regular mail. The person responsible for the hospital's compliance with Arizona law must sign the Attestation of Completeness and Accuracy Form. This form requires an original signature, so it must be mailed. US Postal Service mail is fine. It is not necessary to overnight this form. Both forms should be submitted at the same time as your data.

Q.16 - For the 2004-01 reporting period, the Audit Error Data Dictionary changed from 80 audits to almost 300. Please explain this large increase in the number of audits?

A.16 – Our office is in the process of standardizing the data collection and review process. Part of this process involves an emphasis on data quality. In order to improve the overall quality of the data this office collects, we began implementing standard audits with the 2003-02 reporting period. All data reported by all hospitals is run through these audits. The increase from 80 audits to 278 audits for the 2004-01 reporting period grew out of the knowledge we gained during the review process of the data from the previous reporting period. As we move forward in our effort to improve data quality, the audits will continue to evolve. This means that new audits will be added, and existing audits may be modified, or even deleted. Many new audits are the result of questions or suggestions from hospital staff. The Audit Error Data Dictionary, which was created to provide assistance to hospital staff and vendors in understanding the audits and making necessary corrections, will be updated as necessary.

Please send us your requests for any clarifications or any new questions to include in the next update of our Arizona Discharge Data FAQs.

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